

THIS CERTIFICATE MUST BE FILED BY THE ATTENDING PHYSICIAN
the number of each, in order of birth, stated. This certificate must be filed by the attending Physician
or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	
District of _____		State Index No. <u>140</u>	
Town of _____		ORIGINAL CERTIFICATE OF BIRTH	
or City of <u>Globe</u>		Co. Registrar's No. <u>140</u>	
(No. _____)		Local Registrar's No. _____	
FULL NAME OF CHILD <u>Barbara Blanch Boggs</u>		Born <u>YES</u>	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive <u>NO</u>	
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____
Legitimate? <u>yes</u>	Date of Birth <u>Feb. 12</u>	192 <u>0</u>	
Full Name <u>FATHER</u> <u>Lester Jewellyn Boggs</u>		Full Maiden Name <u>MOTHER</u> <u>Eva Blanch Lumbek</u>	
Residence <u>Globe, Arizona</u>		Residence <u>Globe Arizona</u>	
Color or Race <u>White</u>	Age at last Birthday <u>31</u> Years	Color or Race <u>White</u>	Age at last Birthday <u>27</u> Years
Birthplace <u>Cacoma Washington</u>		Birthplace <u>Beatrice Nebraska</u>	
Occupation <u>Mining Engineer</u>		Occupation <u>Housewife</u>	
Number of child of this Mother <u>1</u>		Number of Children, of this mother, now living <u>1</u>	
Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Feb. 12 1920 at 4:20 P.M.

{ *When there is no attending physician or midwife, then the householder should make this return. }

Signature Alvin Kirmse M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191____

Address Globe Arizona

Filed Feb 15 1920 B. G. Fox LOCAL REGISTRAR.

222-212-532 A True Copy Filed Mar 10 1920 B. G. Fox COUNTY REGISTRAR.

COUNTY REGISTRAR.